

Name in Full

Certificate of Death

Carey Edwin Anderson

Town

County

Died at

Theodore

Cecil

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1903

April 8

Age 21

Theodore

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Richard Anderson

Mother's

Maiden Name

Kathie Isaacs.

How long sick

3 days.

Accident, Suicide, Homicide

Primary

Immediate

Pneumonia

Disease

93

Disease

Baltimore

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Sarah Andrews

2nd District

Town

County

Died at

near Cuyahoga

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 1903

4 30

Age

78

Married

Widow

md

Divorced

Number of children living

Mother

White

Single

Widower

Female

Colored

Husband of

Stephen Andrews

Wife

Mother's

Father's

Name

Count no

Maiden Name

Cause of

Primary

old agl

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Mr. B. Coleman

154

Address

Chesapeake



ca

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John Henry Berry

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

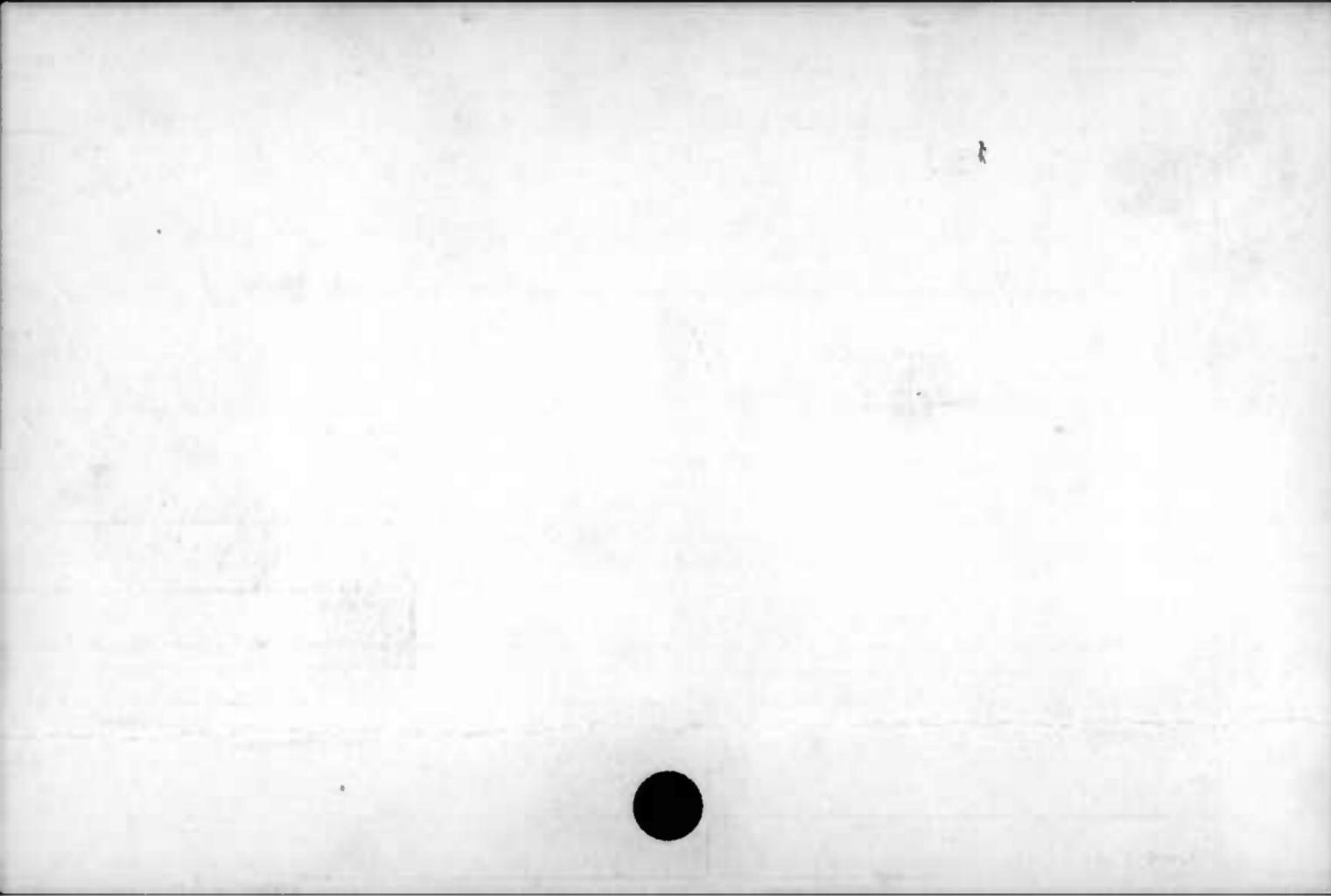
Died at	Town	County	MARYLAND		
Died at	Cecilton	Lewis			
Date of death 1903	Month 4	Day 20	Years 58	Months 5	Days
Sex Male	Color or Race colored	Occupation	Maryland		
Married, Single or Widowed	Married	Huckster.			
Name of Wife or Husband	Harriet Berry				
Father's Name	not given				
Mother's Maiden Name	"	"	Father's Birthplace	not given	
Name of person giving information	Jno Edwards				
Mother's Birthplace	"				
How related to deceased	None				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	One year
Immediate	Uræmia	How long	10 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A.M. Black
		Address	Cecilton, Md

Accident or Suicide?



Name
in
Full

Charles Blackmon

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	white	Birth- place	Principio Furnace	
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	George Blackmon			Father's Birthplace	Del	
Mother's Maiden Name	Lula Stucker			Mother's Birthplace	Cecil Co	
Name of person giving Information	Geo Blackmon			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Disease 79

How long

All day

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

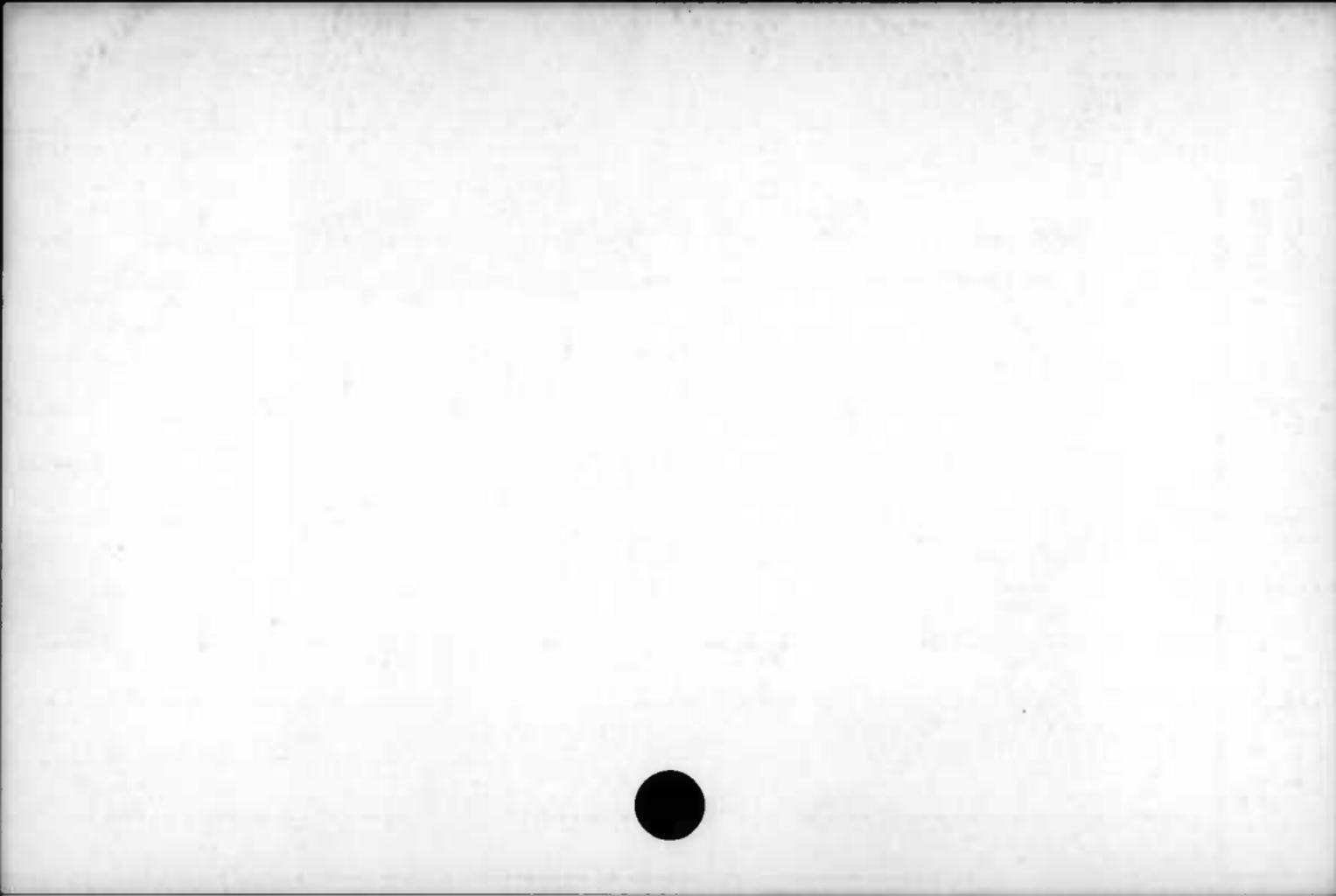
Yes

Signature of
Physician

Address

Geo. W. Stump
Perryville Md.

Accident or Suicide?



Name
in
Full

John H. Bordley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chesapeake City			County Cecil		MARYLAND		
Date of death 1903	Month 4	Day 13	Age 74	Years	Months 4	Days 6	
Sex Male	Color or Race Colored		Birth-place Delaware				
Married, Single or Widowed Widower			Occupation Laborer				
Name of Wife or Husband X							
Father's Name George H. Bordley			Father's Birthplace Id				
Mother's Maiden Name Charlotte Robinson			Mother's Birthplace Don Koon				
Name of person giving Information Chas D. Brown			How related to deceased Step Son				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Aphoplexy	<i>(initials)</i>	How long 3 days
	Immediate Exhaustion		How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Wm. H. Karsner	
		Address Chesapeake City, Md.	
Accident or Suicide?			



Name in Full

Certificate of Death

Jehuakim Brickley

Town

County

6th Dist

MARYLAND

Died at

Fairington

Month

Day

Y.

M.

D.

Native of

Date of death

1803

4

26

Age

63, 9, 26

Married

Widow

Divorced

Occupation

Farmer

Male

White

Female

Colored

Single

Widower

Number of children living

Husband

of Martha J. Brickley

Wife

Father's

Name

Jehuakim Brickley

Mother's Name

Elizabeth Knicker

Cause of death

Primary

Concur of Siois

How long sick

2 year

Death

Immediate

Some

40

Accident, Suicide, Homicide

Reported by

Mrs. Richardson

Address

Colvats - MD

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Isaac R. Brown & wife

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 4	Day 21	Age 49	Years	Months Days
Sex Male	Color or Race white	Occupation Merchant-	Birth- place Md		
Married, Single or Widowed Married					
Name of Wife or Husband Annie R. Crothers					
Father's Name Wesley Brown			Father's Birthplace Md		
Mother's Maiden Name Hannah Harrigan			Mother's Birthplace " "		
Name of person giving Information Annie R Brown			How related to deceased Sister		
CAUSES OF DEATH					
Primary	(6)		How long	4 weeks	
Immediate Meningitis	(7)		How long		
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	H. Austin Mitchell MD	
			Address	Elkton Md.	
Accident or Suicide?					

PHYSICIAN
OR CORONER

-87

Name
in
Full

Margaret-Jane Boyce Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at near Caulk's	County Civil	MARYLAND		
Date of death 1903	Month 7	Day 28	Age 37	Years Months Days
Sex Female	Color or Race Negro	Birth-place Kent Co MD		
Married, Single or Widowed	Occupation			
Name of Wife or Husband				
Father's Name Emory Mc Kenney				Father's Birthplace Kent Co
Mother's Maiden Name Matilda Mc Kenney				Mother's Birthplace Kent Co
Name of person giving Information				How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Crabal Hemorrhage 1/2 How long
How long 1/2 hours

Immediate ~ ~

How long

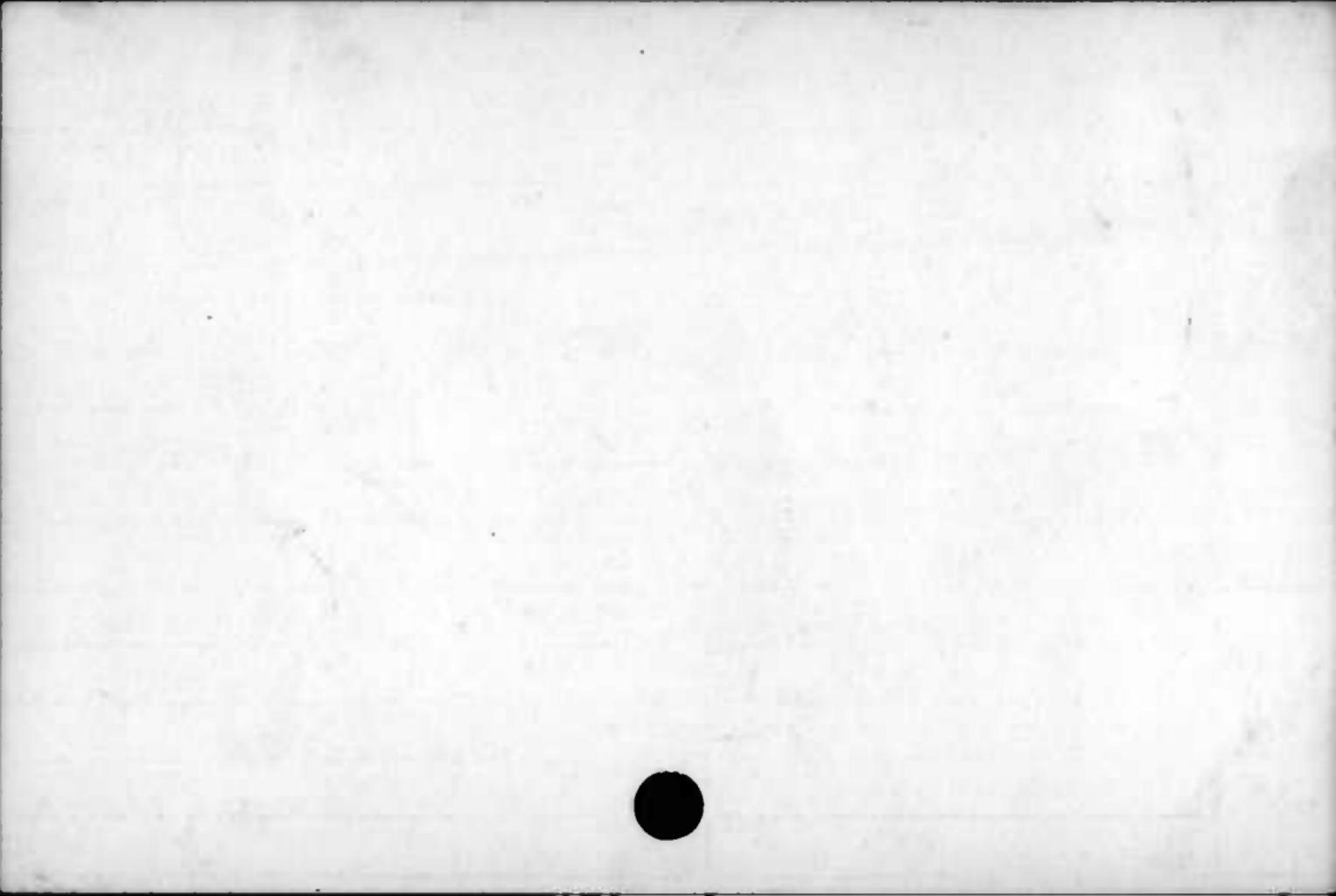
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

E. N. Bradford MD
Caulk's MD

Accident or Suicide?



Murtha Brown

Died at	Town	County				MARYLAND
Dear	Elkton	Cecil				
Date 1908	Month 4	Day 7	Y. 76	M.	D.	Native of Penn
Female	White	Married	Widow	Divorced		Occupation
	Colored	Single	Widower	Number of children living		6

Husband of Daniel Brown
Wife Amos Johnson Mother's
Father's Name Maiden Name

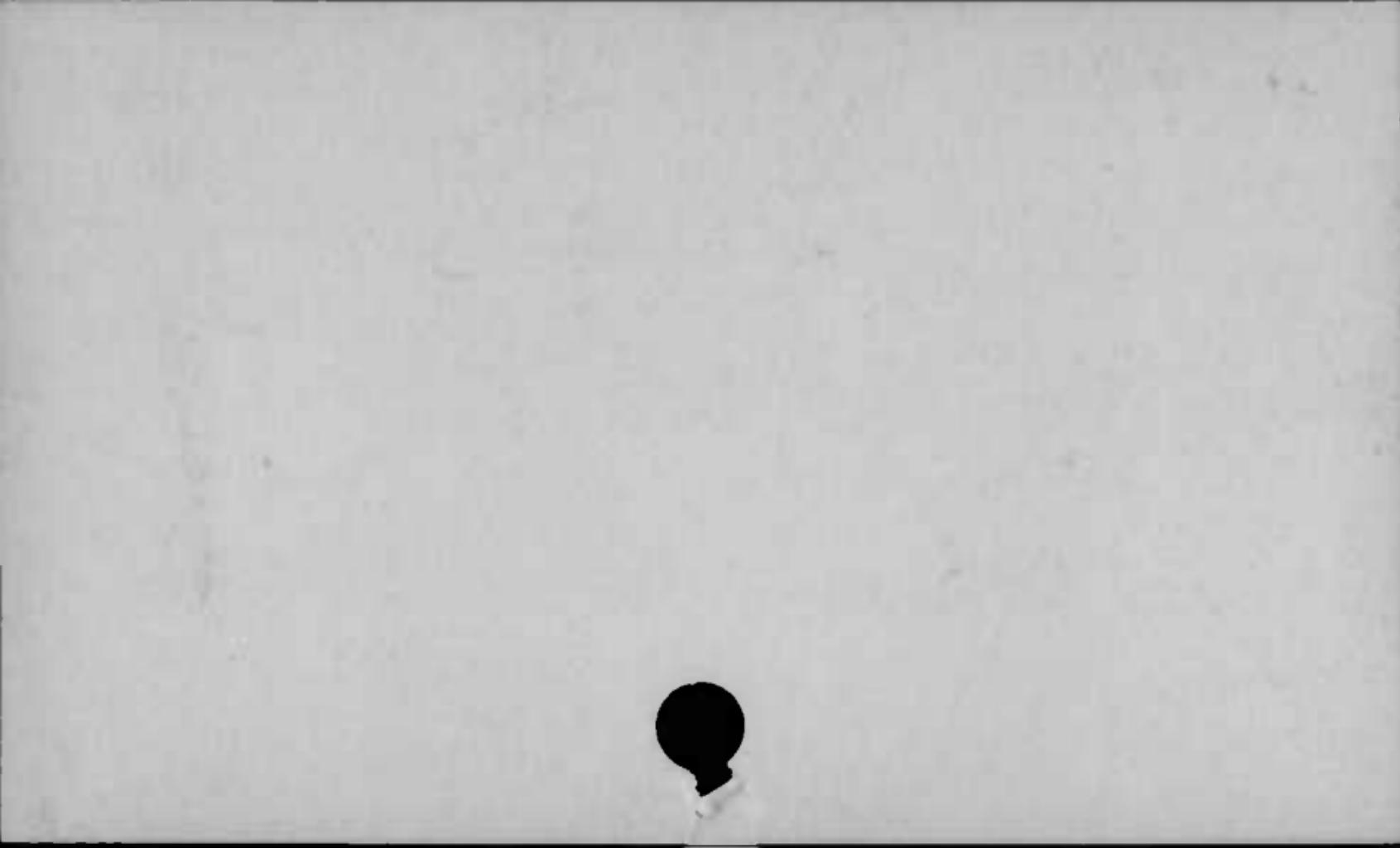
Cause of Death	Primary	79	How long sick
	Immediate	Heart Disease	4 mos
			Accident, Suicide, Homicide

Reported by

H. Arthur Mitchell Jr.
Elkton MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah Jane Brown 4th brsk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 4	Day 14	Years 61	Months -	Days .
Sex Female	Color or Race white	Birth-place Md			
Married, Single or Widowed Married	Occupation House wife				
Name of Wife or Husband George Brown					
Father's Name Tobias C Peterson	Father's Birthplace Md				
Mother's Maiden Name Sarah J Mullen	Mother's Birthplace Md				
Name of person giving information Gco Brown	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Carcinoma 45

How long

6 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. S. Whildon
Cherry Hill

Accident or Suicide?

72

Name
in
Full

John Nowood Buck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death 1903	Month April	Day 16	Age 11	Years	Months	Days	
Sex Male	Color or Race Black		Birth-place		Harrwick Md		
Married, Single or Widowed	Single		Occupation				
Name of Wife or Husband							
Father's Name	Franklin Buck 78			Father's Birthplace		Delaware	
Mother's Maiden Name	George Anna Buck			Mother's Birthplace		Md	
Name of person giving information	Franklin Buck			How related to deceased		Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rheumatism	How long	4 months
Immediate	Endo carditis	How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J J Wright MD
		Address	Harrwick Md
Accident or Suicide?			



Name
in
Full

Samuel R. Carlton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	4 th die	MARYLAND
Date of death 1903	Month	Day	Years	Months Days
Sex	Color or Race	white	Birth- place	Cecil Co.
Married, Single or Widowed	Occupation			
Name of Wife or Husband				
Father's Name	Wm S Carlton		Father's Birthplace	Cecil Co.
Mother's Maiden Name	Anna M. Lee		Mother's Birthplace	Del
Name of person giving Information	Anna in office		How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Accidental death caused by

How long

Immediate

being run over by roller

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Tom D. Cawley MD,

Elaton

MD

Accident

accident

44

2

Name
in
Full

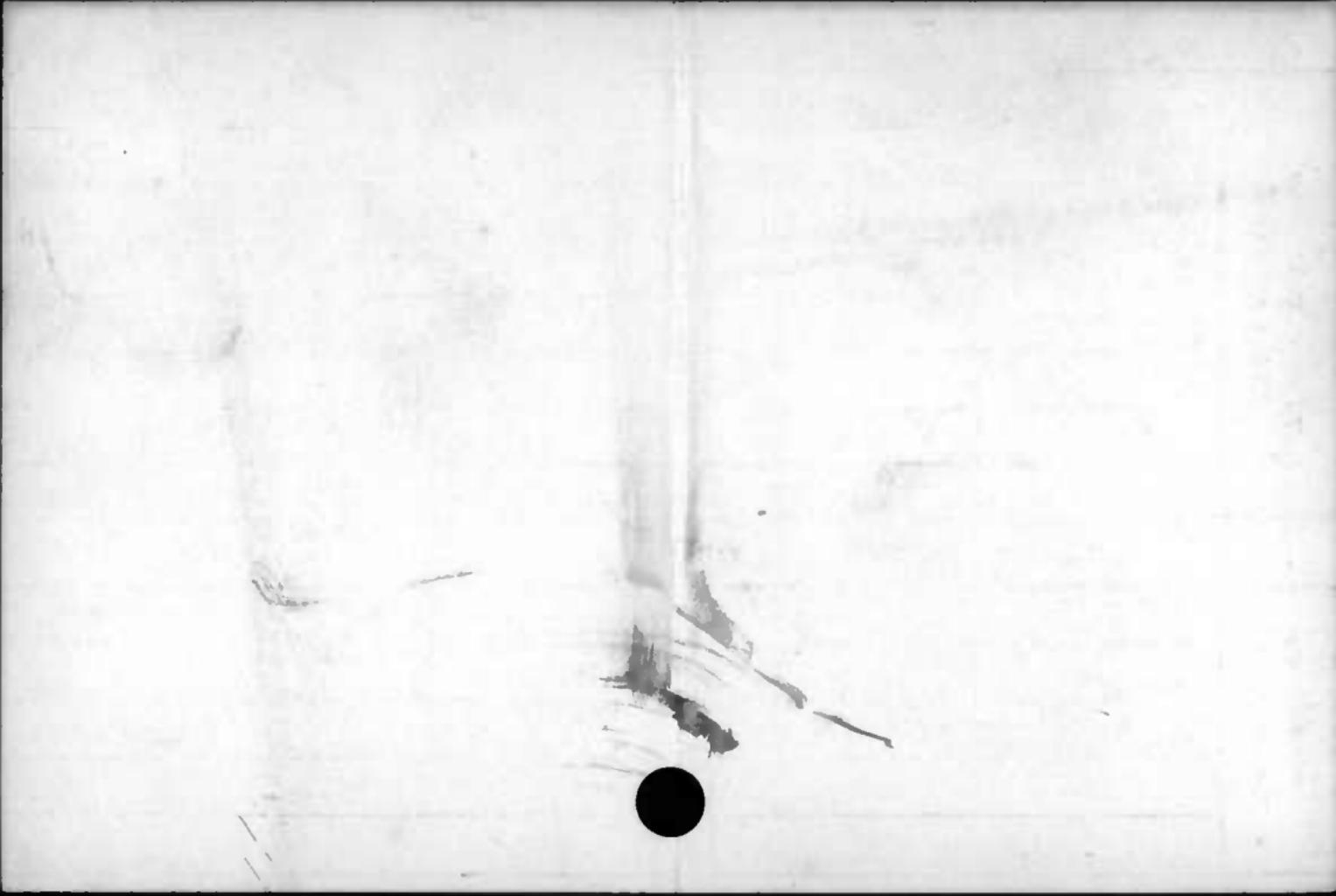
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sara A. Carr						CERTIFICATE OF DEATH	
Died at	Town			County			
Date of death 1909	Month 4	Day 13	Age 54	Years	Months	Days	
Sex Female	Color or Race	Sophie		Birth-place			
Married, Single or Widowed Married	Occupation						
Name of Wife or Husband Lewis Carr							
Father's Name	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information Lewis Carr.	How related to deceased Husband						

CAUSES OF DEATH

Primary	Subject to heart failure	How long	Several years
Immediate	Heart failure	How long	about five minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	B. E. Mason Undertaker
		Address	Chrome Par.
Accident or Suicide?		Had a doctor in last sickness	



Name in Full

Certificate of Death

*M.
John Cronry*

Town County
Rising Sun Cecil 6th Dist.

MARYLAND

Died at

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

*Elizabeth B. Cronry*Mother's
Maiden Name*Catherine Brady*

Primary

Cerebral Hemorrhage

How long sick

2 mo.

Immediate

Expansion

(at

Accident, Suicide, Homicide

*Dr. J. C. Stier**Rising Sun**Cecil County - Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Alfred J. Crockett 4 Disk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1903	Month 4	Day 10	Age 30	Years	Months	Days
Sex Male	Color or Race White		Birth-place Del			
Married, Single or Widowed Single	Occupation Farmer					
Name of Wife or Husband						
Father's Name John P Crockett			Father's Birthplace Del			
Mother's Maiden Name Elizabeth M Kidwell			Mother's Birthplace Md			
Name of person giving information Elizabeth Crockett			How related to deceased Mother			

CAUSES OF DEATH

Primary	Consumption	How long	5 months
		How long	
Immediate			
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J S Whitaker
		Address	Cherry Hill
Accident or Suicide?			Md

70



Name
in
Full

W^m A Culbertson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

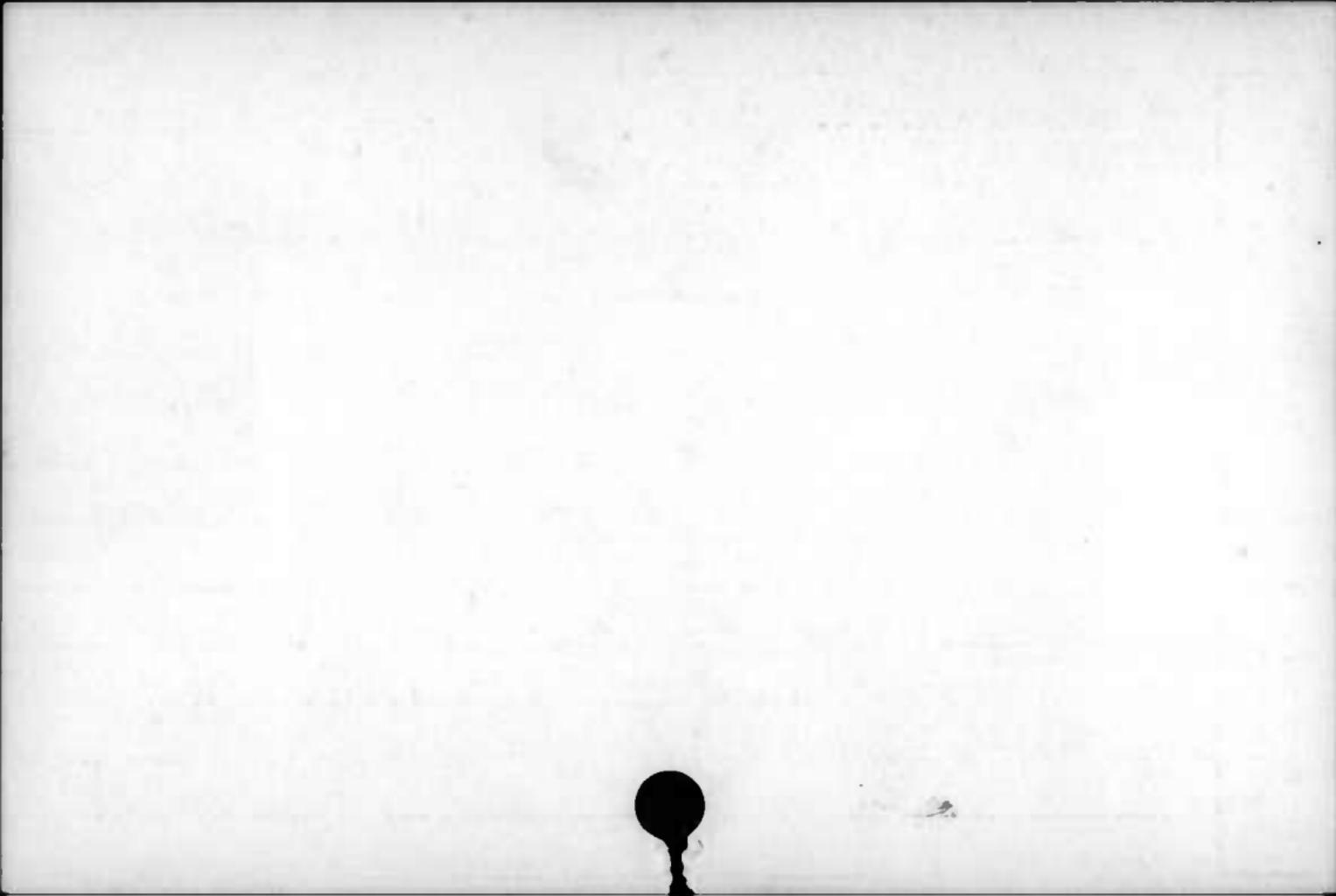
Died at	Town	County		MARYLAND	
Died at	near Woodlawn	Cecil			
Date of death 1903	Month April	Day 5	Years 61	Months —	Days —
Sex Male	Color or Race white	Occupation Farming		Birth-place Phila Pa	
Married, Single or Widowed	married				
Name of Wife or Husband	Anna E Culbertson				
Father's Name	W ^m Culbertson	Father's Birthplace Ireland			
Mother's Maiden Name	Rebecca Rawlings	Mother's Birthplace Cecil Co Md			
Name of person giving information	Anna E Culbertson	How related to deceased Wife			

CAUSES OF DEATH

Primary	Bright's disease	190	How long
Immediate	Inanition.		How long

Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address

Accident or Suicide?



Name
in
Full

George Naylor Davis Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Cecilton		County	Maryland		
Date of death	1903	Month April	Day 4 th	Years	Months	Days
Sex	Boy	Color or Race	White	Birth-place	Cecilton	
Married, Single or Widowed	Single	Occupation		-		
Name of Wife or Husband						
Father's Name	George Naylor Davis			Father's Birthplace	Galena Md.	
Mother's Maiden Name	Varina Belle Oldham			Mother's Birthplace	Troy Md.	
Name of person giving Information	"	"	"	How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arteritis medid 76	How long
Immediate	Convulsions	How long

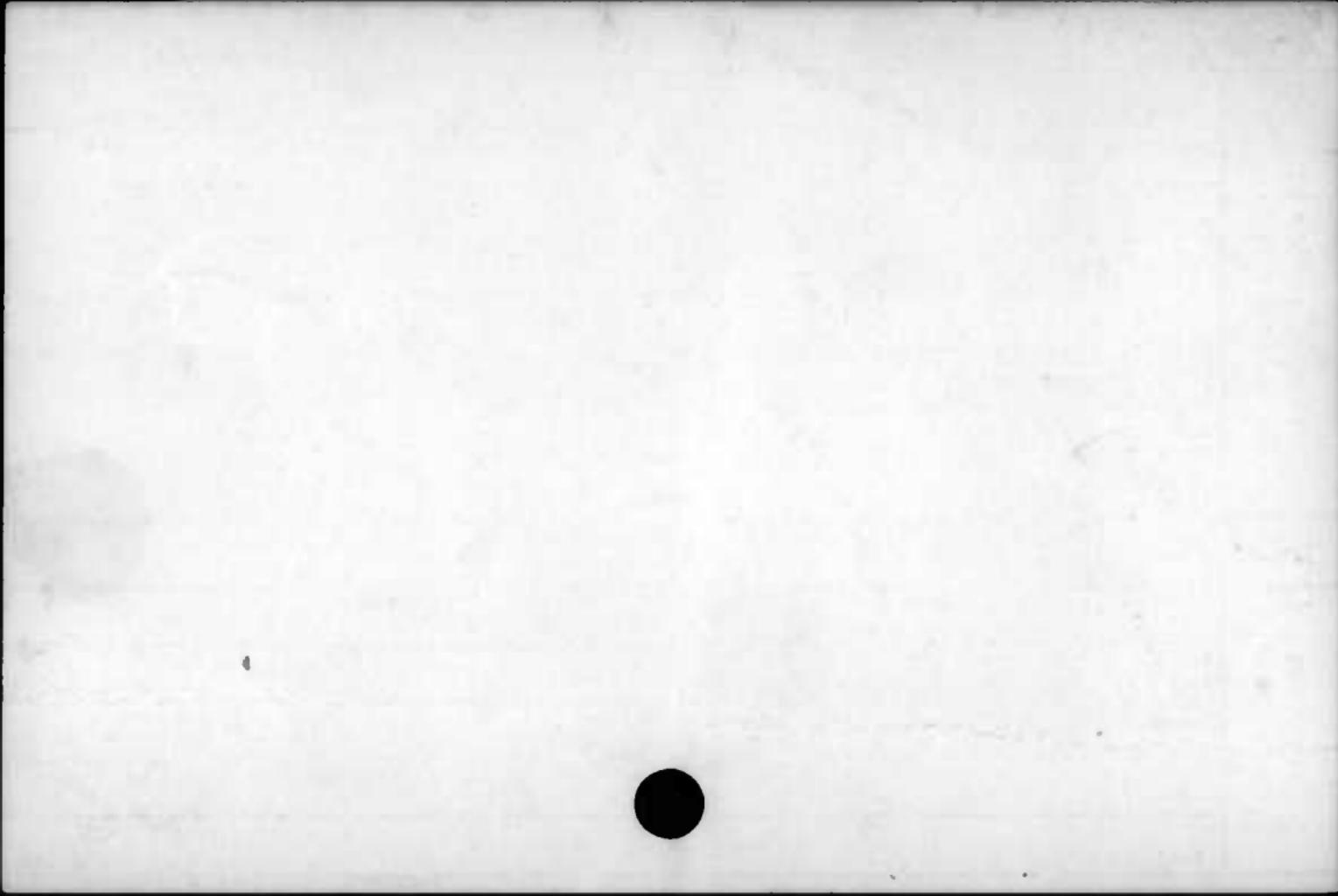
Twenty Four hrs

Twenty Four hours

Signature of Physician

Address

Evergreenfoot
Leculins run



Name
in
Full

Florrey Estella Frazier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month April	Day 2	Years 7 Months 2 Days 7
Sex Female	Color or Race Black	Birth-place Wilmington Del.	
Married, Single or Widowed	Singles	Occupation None	
Name of Wife or Husband	b19		
Father's Name	Mr. Orlaudra Frazier	Father's Birthplace	Virginia
Mother's Maiden Name	Sarah R Smith	Mother's Birthplace	Maryland
Name of person giving information	(Aunt) Mrs Isabella Peterson	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Cerebro Spinal Meningitis	How long	Two weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Ernest Portland
		Address	Liberty Grood Md
A cause of death?			



Name
in
Full

Robert F. Gray 4 dist-
Town Providence County
Died at Providence state

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month 4	Day 23	Years 3
Sex Male	Color or Race white	Birth-place Md	Months —
Married, Single or Widowed Single	Occupation —	Days —	
Name of Wife or Husband			
Father's Name	Guard Gray	Father's Birthplace	Pa
Mother's Maiden Name	Hellen Toly	Mother's Birthplace	Md
Name of person giving Information	Hellen Gray	How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Measles

How long

3 weeks

Immediate

Meningitis

How long

five day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address



David Mackey
Lewistown Pa.

Accident or Suicide?

97



Name
in
Full

Abraham Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	West Nottingham		County	6th Dist.	
Date of death 1903	Month April	Day 18	Age 70	Years	Months — Days —
Sex Male	Color or Race Colored	Birth-place Lancaster Pa			
Married, Single or Widowed	Occupation Married Laborer				
Name of Wife or Husband	Margaret Green				
Father's Name	Dont Know		79	Father's Birthplace	Dont Know
Mother's Maiden Name	Dont Know		79	Mother's Birthplace	" "
Name of person giving information	his wife Margaret Green				
How related to deceased	wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cardiac atrophy & hypertrophy		How long	10 years
Immediate	Exhaustion.		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Ernest Howland	
		Address	Liberty Grove Md.	
Action or Scene?	—			



Harriet Agnes Hammond

Gto Districts

CERTIFICATE OF DEATH

Died at Near Zion

County

Cecil

MARYLAND

Date of death 1903	Month 4	Day 18	Years 1	Months 13	Days 23
--------------------	---------	--------	---------	-----------	---------

Sex Female

Color or Race

Black

Birth-place

At Zion

Married Single

Occupation

Name of Wife or Husband

Father's Name

Anthony D. Hammond

Father's Birthplace

Chester Co Pa

Mother's Maiden Name

Josephine S. Gale.

Mother's Birthplace

Near Zion

Name of person giving information

Anthony D. Hammond,

How related to deceased

Father.

CAUSES OF DEATH

Primary

Pneumonia

93

How long

9 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

overflooded

Accident or Suicide?



Name
in
Full

John H. Hollingsworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Maurick	Becce			
Date of death 1903	Month April	Day 20	Years 18	Months	Days
Sex	Male	Color or Race	Black	Birth-place	Md
Married, Single or Widowed	Single	Occupation			
Name of Wife or Husband					
Father's Name	John Hollingsworth			Father's Birthplace	
Mother's Maiden Name	Laura			Mother's Birthplace	
Name of person giving information				How related to deceased	✓

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Lep to meningitis

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas. A. Ritchie,

Middleton, Del.

Accident or Suicide?



Name
in
Full

Edith P Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 29	Age 1	Years	Months 5-
Sex Female	Color or Race white	Occupation	Birth-place	Days 6	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Stewart-Hopkins		Father's Birthplace	Pa	
Mother's Maiden Name	Frances E Lester		Mother's Birthplace	Cecil Co. Md	
Name of person giving Information	Stewart Hopkins		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

2 weeks

Immediate

27

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Geo. M. Stewart
Princetown, N.J.

Accident or Suicide?



Name in Full

Certificate of Death

Mary Ellen Fuss

Town

County

Died at

Pilot

MARYLAND

Date
1903Month
4Day
7Y.
XM.
3D.
12Native of
U.S.Occupation
_____~~Male~~

Female

White

Colored

Age
~~_____~~

Single

~~Widow~~

Widower

~~Divorced~~Number of children living
_____Husband
of

Wife

Father's

Name

Alonza Fuss

Mother's
Name

Mary Lovr. Fuss

Cause of
Death

Primary

How long sick

Immediate

Croup, Bronchitis

8 days

Accident, Suicide, Homicide

Reported by

Geo W. Lillee M.D.

Address

Pleasant



Grove Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Nicholas J. Hyland. 5-Dirt-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Neck.</i>	Town	County			
Date of death 1903	Month 7	Day 12	Years Age 68	Months 6	Days
Sex Male	Color or Race <i>White</i>	Birth- place <i>Elk Neck.</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>Carpenter.</i>				
Name of Wife or Husband					
Father's Name <i>Stephen Hyland.</i>	Father's Birthplace <i>Elk Neck Md</i>				
Mother's Maiden Name <i>Elizabeth Hyland.</i>	Mother's Birthplace <i>Elk Neck Md</i>				
Name of person giving Information <i>John T. White.</i>	How related to deceased <i>Nephew.</i>				

PHYSICIAN
OR CORONER

Primary

Poraelypsis

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

How long

One week

How long

*Dr. Bremer
North East X*

Accident - Suicide?



Name
in
Full

Not named

4th Wish,
County
Court

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town
near cowanbown

MARYLAND

Date Month Day Age Years Months Days
of death 1903 4 13 — — 6
Sex Male Color or Race White Birth-place Md

Married, Single
or Widowed

Single

Occupation

Name of Wife or Husband

—

Father's Name

Wm B. Lloyd

Father's Birthplace

Md

Mother's Maiden Name

Sallie I Prince

Mother's Birthplace

Md

Name of person giving information

Wm B Lloyd

How related to deceased

Father

CAUSES OF DEATH

Primary

Heart Malformation

How long

2 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. S. Whitaker
Cherry Hill
Md

Accident or Suicide?

11

Susan May

Died at	Town Elmira	County cccic	MARYLAND
Date 1903	Month 4	Day 6	Y. M D. Native of Occupation Age 86? Delaware Spinner
Male	White	Married	Widow Divorced
Female	Colonial	Single	Widower Number of children
Husband of Wife			
Father's Name	Unknown	Mother's Name	Susan May Briley (2 nd marriage)
Cause of Death	Primary	Initial Disease How long sick 6 mos -	
	Immediate	Dropping together with the Infinitives of age Accident, Suicide, Homicide	
Reported by	Judith Palmer	Over - 79	
Address	SW 1st -		

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Post Mortem: & Examination
by Robin = Pathologist for
the State of Delaware showed
Cancer of the Spleen to
have been primary cause of
Death.

J. F. Brattin

S. H. Brattin

Frank
Brattin

Name
in
Full

George W megee

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cecilton	County Cecil		MARYLAND		
Date of death 1903	Month 4	Day 1	Age 58.	Years 58.	Months 3	Days 15	
Sex Male	Color or Race white		Birth- place Cecilton				
Married, Single or Widowed	Occupation Butcher						
Name of Wife or Husband Katherine							
Father's Name James megee.				Father's Birthplace Cecil County			
Mother's Maiden Name Lura E. Hedney				Mother's Birthplace Cecil County			
Name of person giving Information Agnes megee				How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

How long

Two and a half days

Immediate

u

How long

u u

Are the name, age, sex, color, date
and place correctly given above?

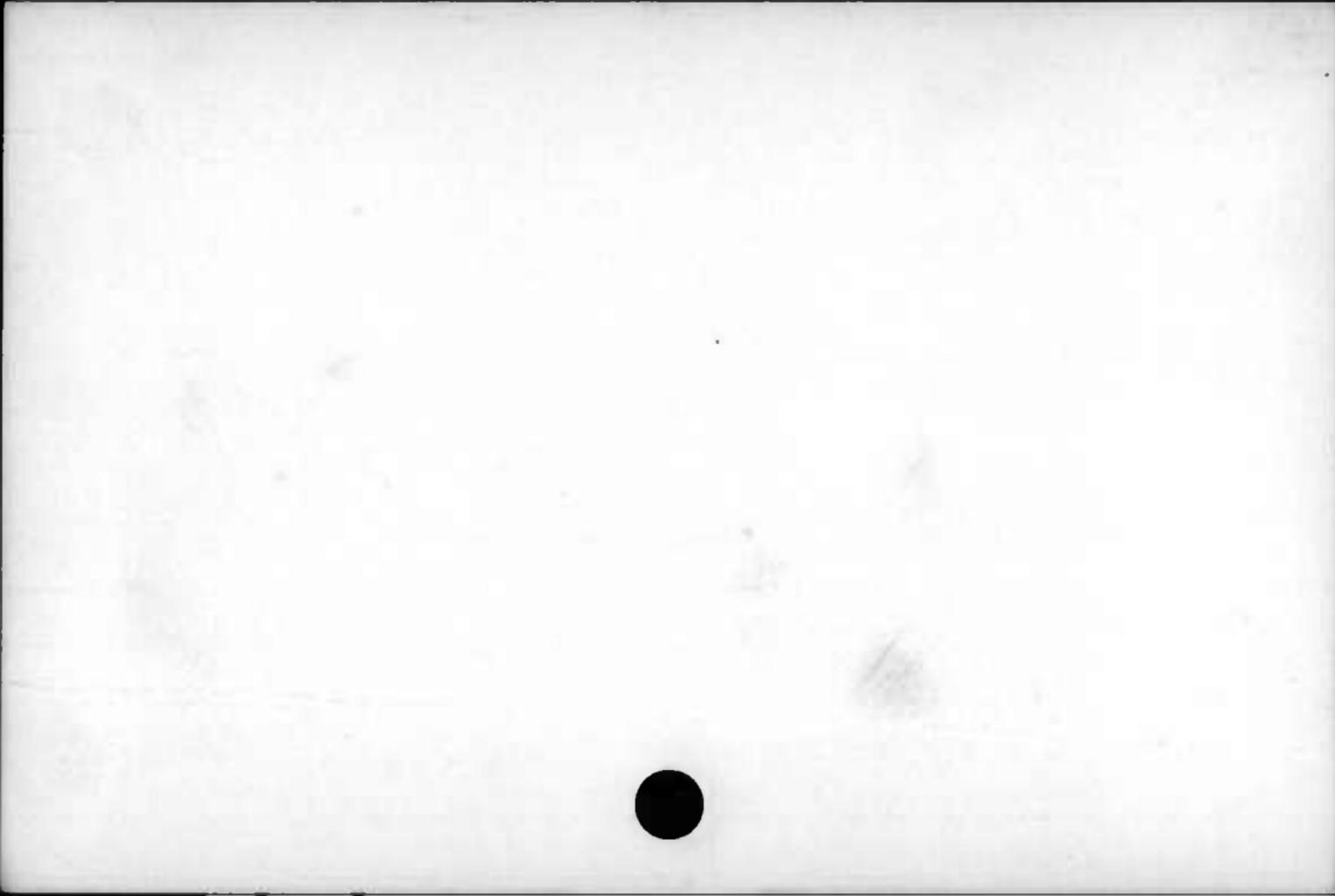
Yes

Signature of
Physician

Address

Evelyn, Bradford,
Cecilton Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Gasteyer of Newbury

CERTIFICATE OF DEATH

Died at Port Deposit		Town	County		MARYLAND		
Date of death 1903	Month Apr.	Day 14	Age 54	Years 54	Months 11	Days 15	
Sex Female	Color or Race White	Birth-place					
Married Single or Widowed		Occupation Housewife					
Name of Wife or Husband A. S. Newbury		Father's Name John A. Stevenson	Father's Birthplace New York				
Mother's Maiden Name Entrance Yorkwood		Mother's Name Lucy G. Stevenson	Mother's Birthplace Kent Co. Del				
Name of person giving Information A. S. Newbury.		How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis (Tub.) 27

How long

over one year

Immediate

General Tuberculosis

How long

4 months

Are the name, age, sex, color, date and place correctly given above?

Yes

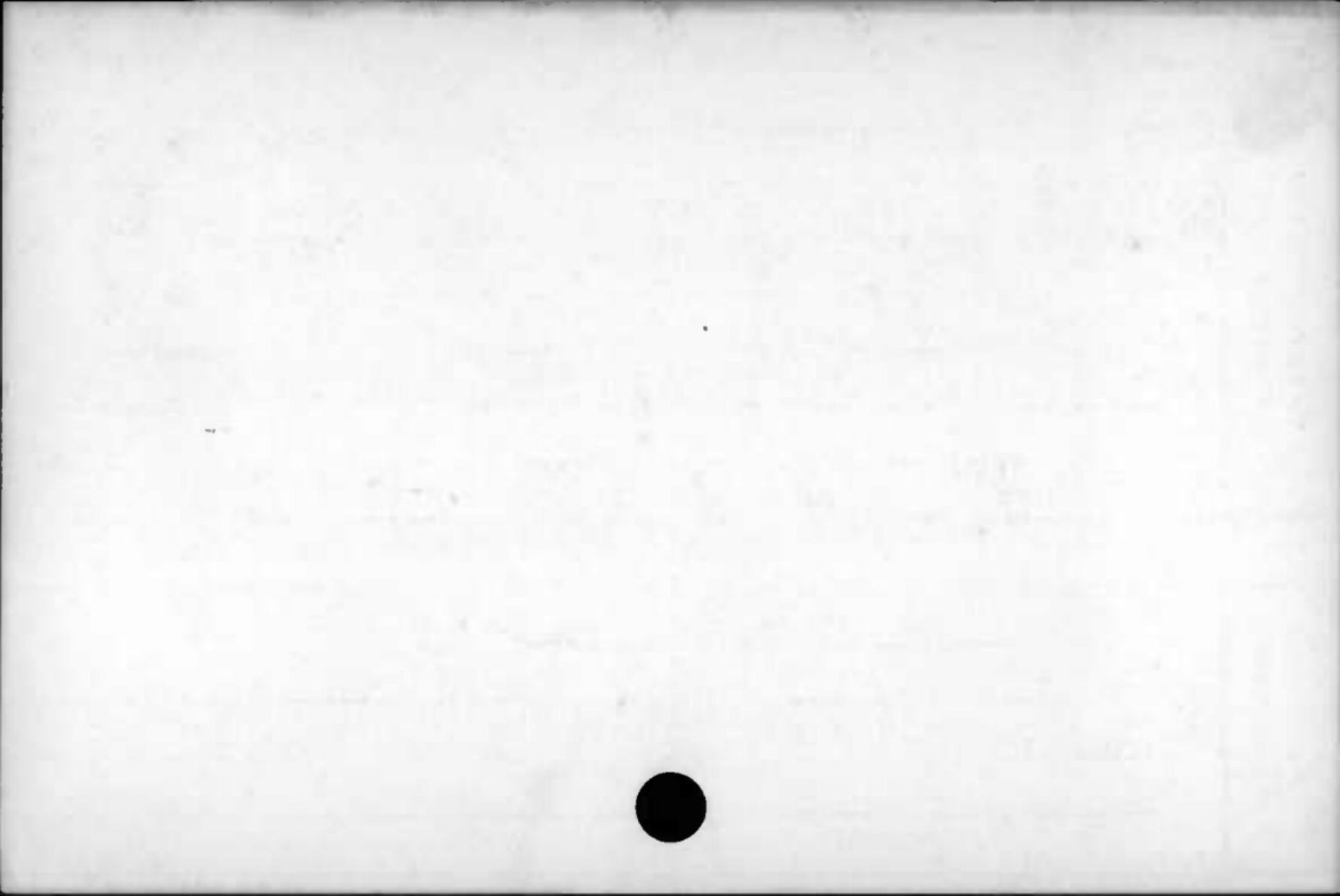
Signature of
Physician

H. E. Clemmons

Address

Port Deposit, Md

Accident or Suicide?



Name
in
Full

Jennette Cauley Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 3	Day 1	Years	Months	Days
Sex Female	Color or Race White	Occupation	Birth-place	Election	
Married, Single or Widowed	—		Father's Name	—	
Name of Wife or Husband	—		Mother's Maiden Name	—	
Father's Name	Harry Morris		Father's Birthplace	—	
Mother's Maiden Name	Nettie Wolters		Mother's Birthplace	—	
Name of person giving information	Mrs Wolters		How related to deceased	Grandmother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long
Immediate	Pneumonia	How long

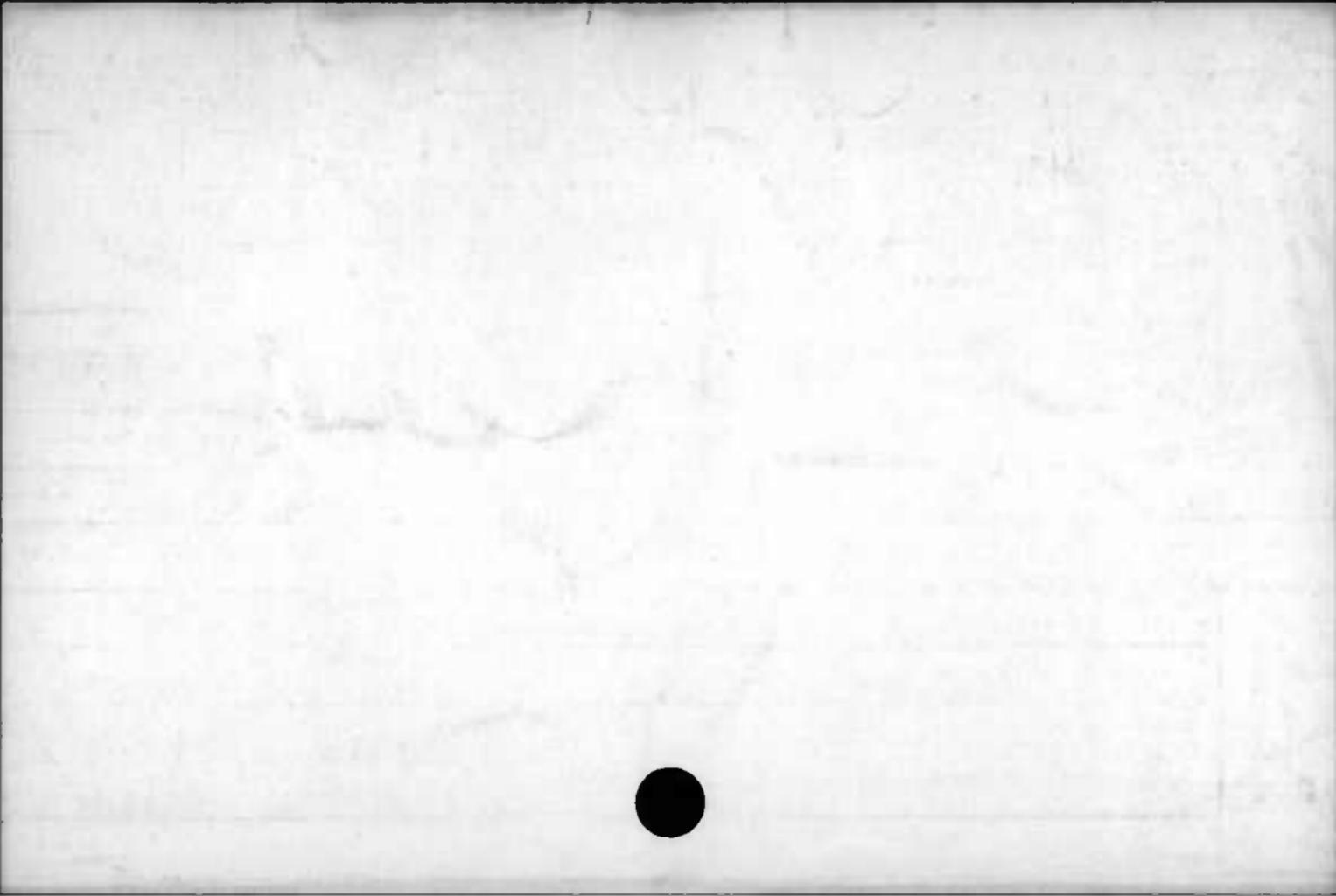
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. D. Cauley M.D.
Election
Md.

Accident or Suicide?



Name
in
Full

Emma M Rambo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1903	Month 4	Day 5	Years 39	Months	Days
Sex Female	Color or Race White	Birth-place			
Married, Single or Widowed Married	Occupation				
Name of Wife or Husband Wm Rambo					
Father's Name John Smith	Father's Birthplace				
Mother's Maiden Name Hannah Pysow 27	Mother's Birthplace				
Name of person giving Information Wm Rambo	How related to deceased Husband				

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis		How long	6 yrs.
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Howard Braun	
Address	Elgin Md			
Accident or Suicide?	X			



Name
in
Full

Mary L. Rees

3 dish
cares

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Chelms	carroll			
Date of death 1903	Month 4	Day 11	Age 7	Years	Months — Days —
Sex Female	Color or Race white	Birth-place Pa			
Married, Single or Widowed Single	Occupation				
Name of Wife or Husband					
Father's Name	David J. Rees		Father's Birthplace	Pa	
Mother's Maiden Name	Etta E Phipps		Mother's Birthplace	Pa	
Name of person giving Information	David J. Rees		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Immediate Meningitis	How long 2 wks.	
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician	R. Arthur Mitchell M.D.
	Address	Elkton, Md
Accident or Suicide?		



Town		County			
North East		Cecil Co		MARYLAND	
Died at		Month	Day	Y.	M. D.
Date 1903		4	7	Age 76	
Male	White	Native of		Occupation	
		Maryland Capton			
		Widow		Divorced	
				Number of children living	
				8	

Husband of	Elizabeth . Reynolds		
Wife			
Father's Name	Benjamin	Mother's Maiden Name	Slagal

Cause of Death	Primary	How long sick
	Immediate	One month
	Kidney	

Reported by	Spencer	Accident, Suicide, Homicide
-------------	---------	-----------------------------

Address	Wards	X
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Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Amanda Rich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Married, Single or Widowed	Occupation				
Name of Wife or Husband	Charles Rich				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Hecor How long

Immediate 79 How long

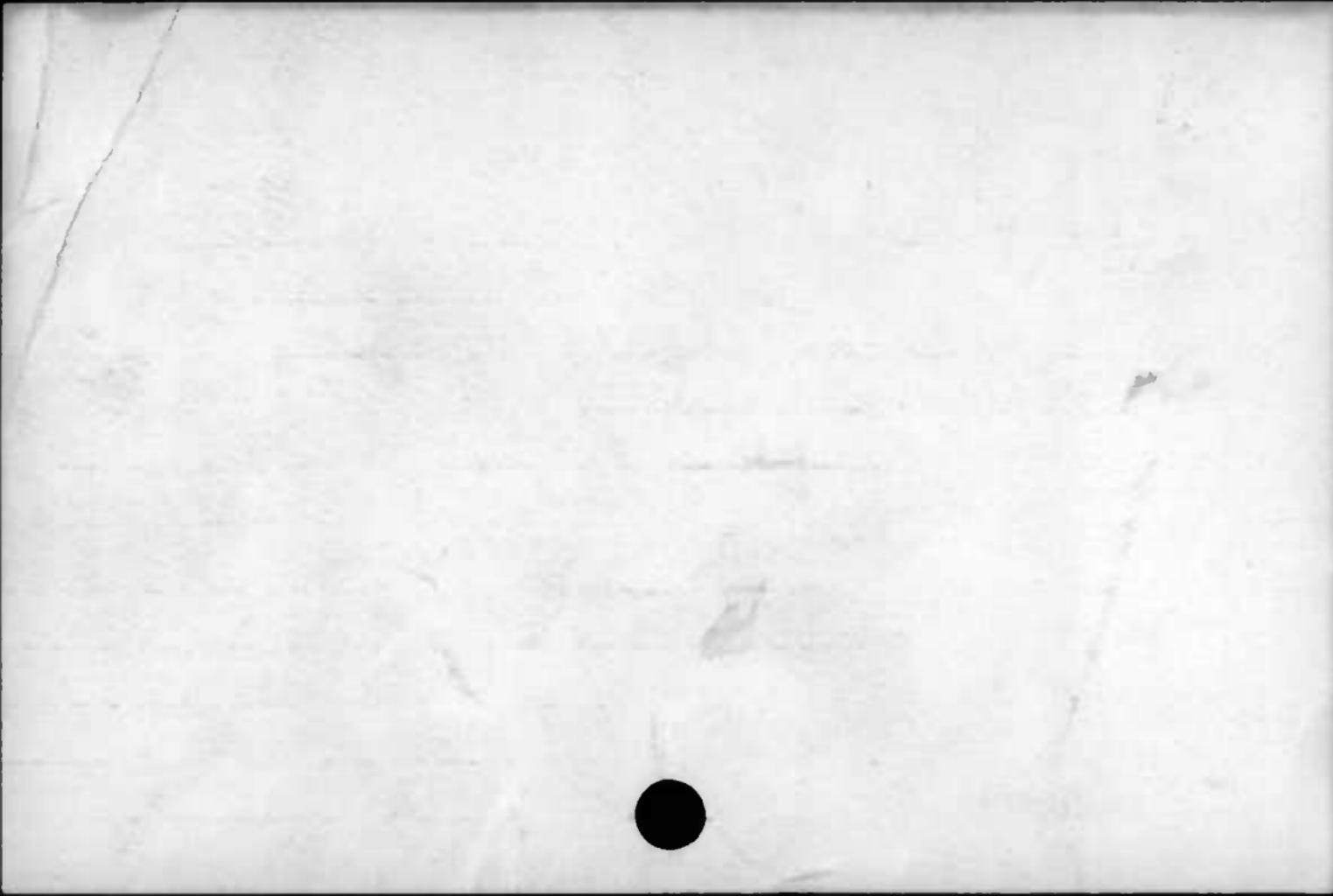
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. Kressel
N. Eust 79

Accident or Suicide?



Name
in
Full

I Wmfield Scott 4 Dish-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Near ^{Town} Appleton		County	MARYLAND		
Date of death 1903	Month April	Day 29	Years 48	Months	Days	
Sex Male	Color or Race White	Birth-place Md				
Married, Single or Widowed Married	Occupation Farmer					
Name of Wife or Husband Elsie V. Years by						
Father's Name Alexandra Scott	Father's Birthplace Md					
Mother's Maiden Name Elizabeth R Lived	Mother's Birthplace					
Name of person giving information Ella R Scott	How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Peritonitis		How long	6 mos -
Immediate	Rupture of Bowel & Pancreas		How long	60 hrs -
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. T. J. Dury	
		Address	Tumbleweed St. La.	
Accident or Suicide?				

22



Name
in
Full

Margaret Shertzer

CERTIFICATE OF DEATH

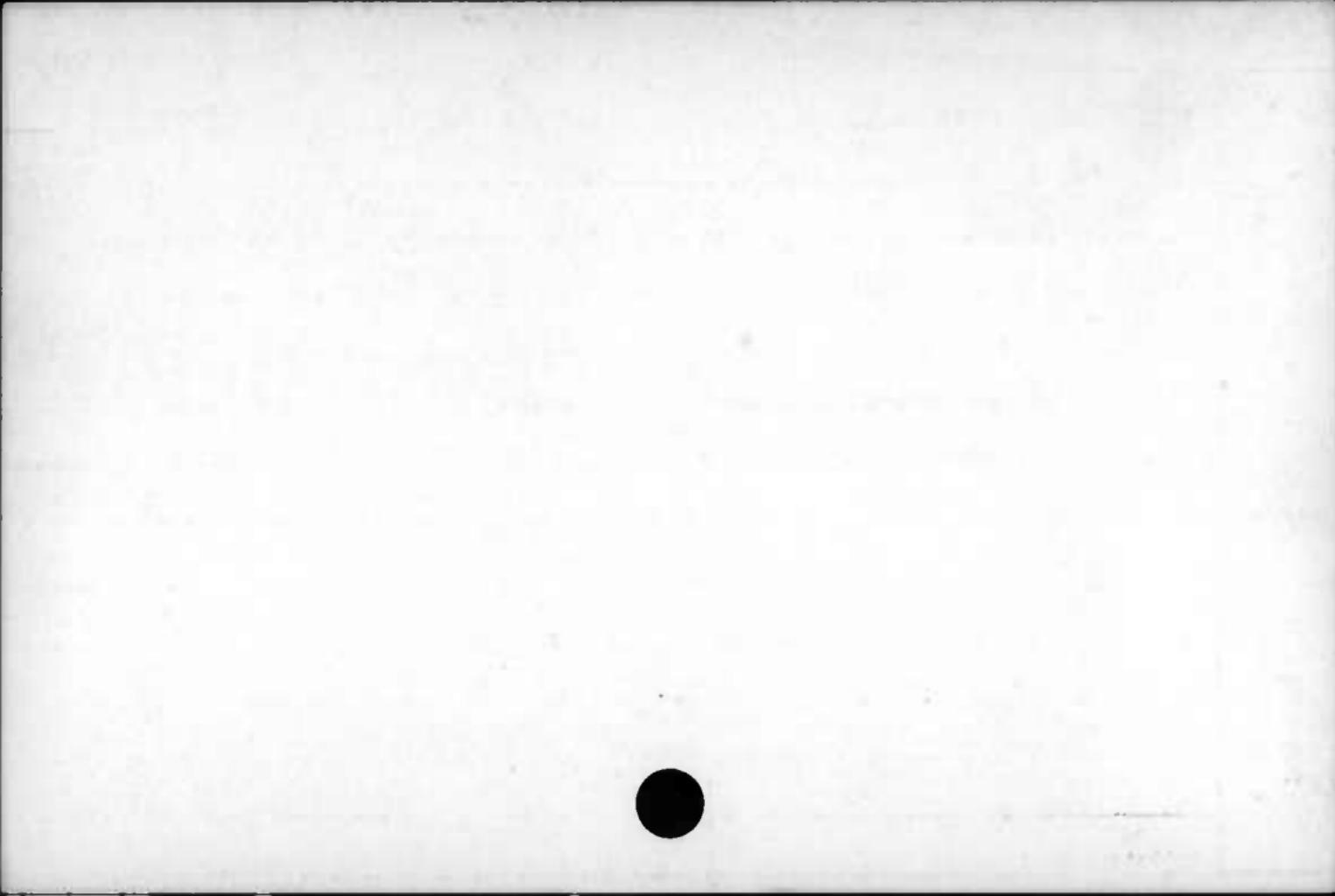
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Perryville	Cecil		Months	Days	
Date of death 1903	Month April	Day 20	Years 1	Months	Days
Sex Female	Color or Race White	Occupation	Birth-place	Perryville Ind	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Barton Shertzer	10	Father's Birthplace	Pa	
Mother's Maiden Name	Elizabeth Koch		Mother's Birthplace	Pa	
Name of person giving Information	Elizabeth Shertzer		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dentition & Empyema -		How long	Week
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Geo. W. Lamp	
		Address	Perryville Md	
Accident or Suicide?				



Name
in
Full

Dagnes L Skillman

CERTIFICATE OF DEATH

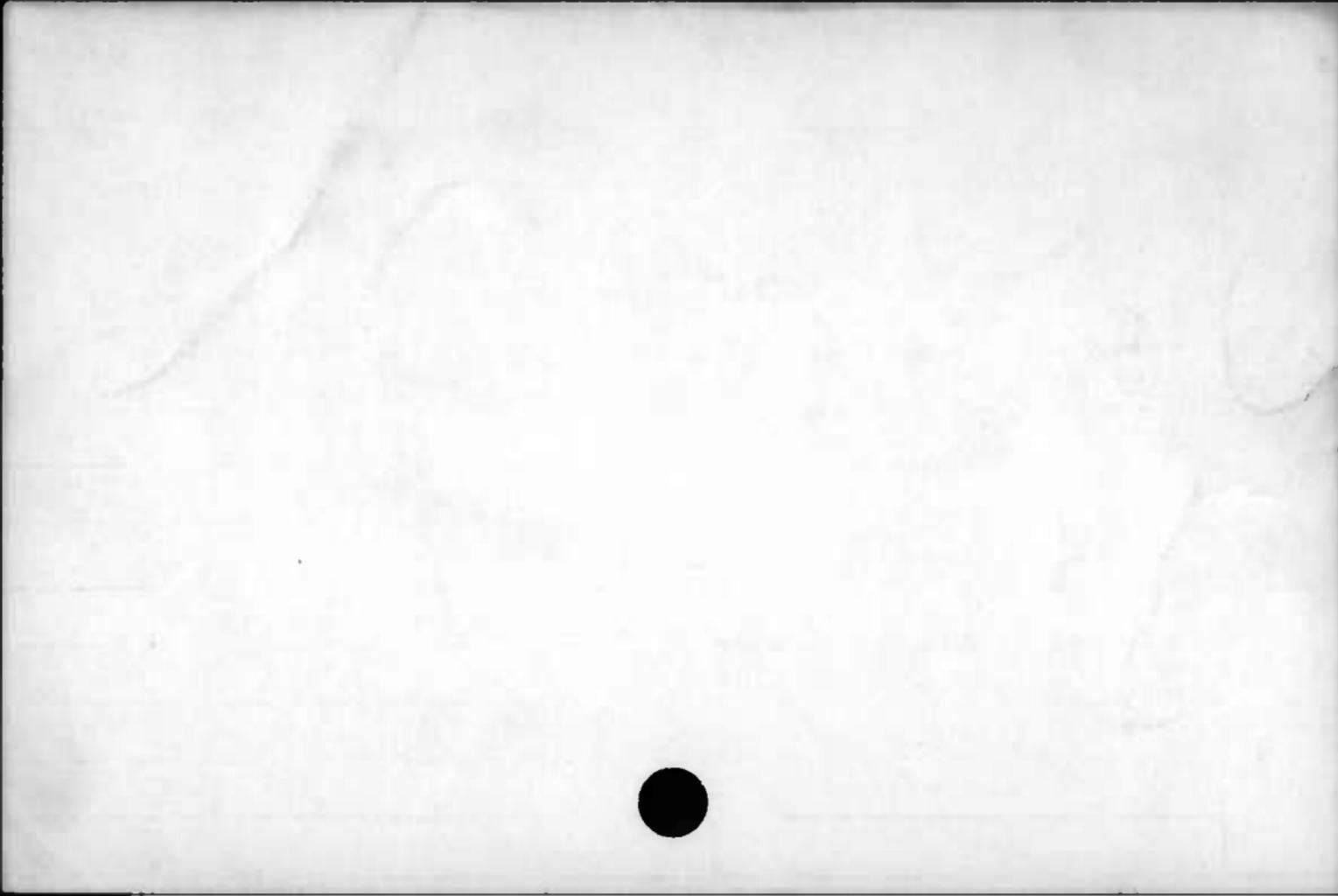
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month 4	Day 8	Years	9 Months	Days	
Sex	Female		Color or Race	White		Birth-place	
Married, Single or Widowed			Occupation				
Name of Wife or Husband	---						
Father's Name	Frank Skillman			Father's Birthplace	Decd		
Mother's Maiden Name	Ella Simpson			Mother's Birthplace	Md		
Name of person giving information	Ella Skillman			How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	8	How long	6 mos
Immediate	Pneumonia	-	How long	2 wks.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. Arthur Mitchell M.D.	
		Address	Elkton Md X	
Accident or Suicide?	-			



Name
in
Full

Charles T Simper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Blythedale	Cecil				
Date of death	Month	Day	Years	Months	Days
103	April	6	82	—	—
Sex	Color or Race	Occupation			
Male	White	Doctor			
Married, Single or Widowed	Occupation				
Married	Doctor				
Name of Wife or Husband	Eliza Simper				
Father's Name	Johnson Simper			Father's Birthplace	Cecil Co
Mother's Maiden Name	Mallison Ford			Mother's Birthplace	Cecil Co
Name of person giving Information	Eliza Simper			How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paraly sis	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

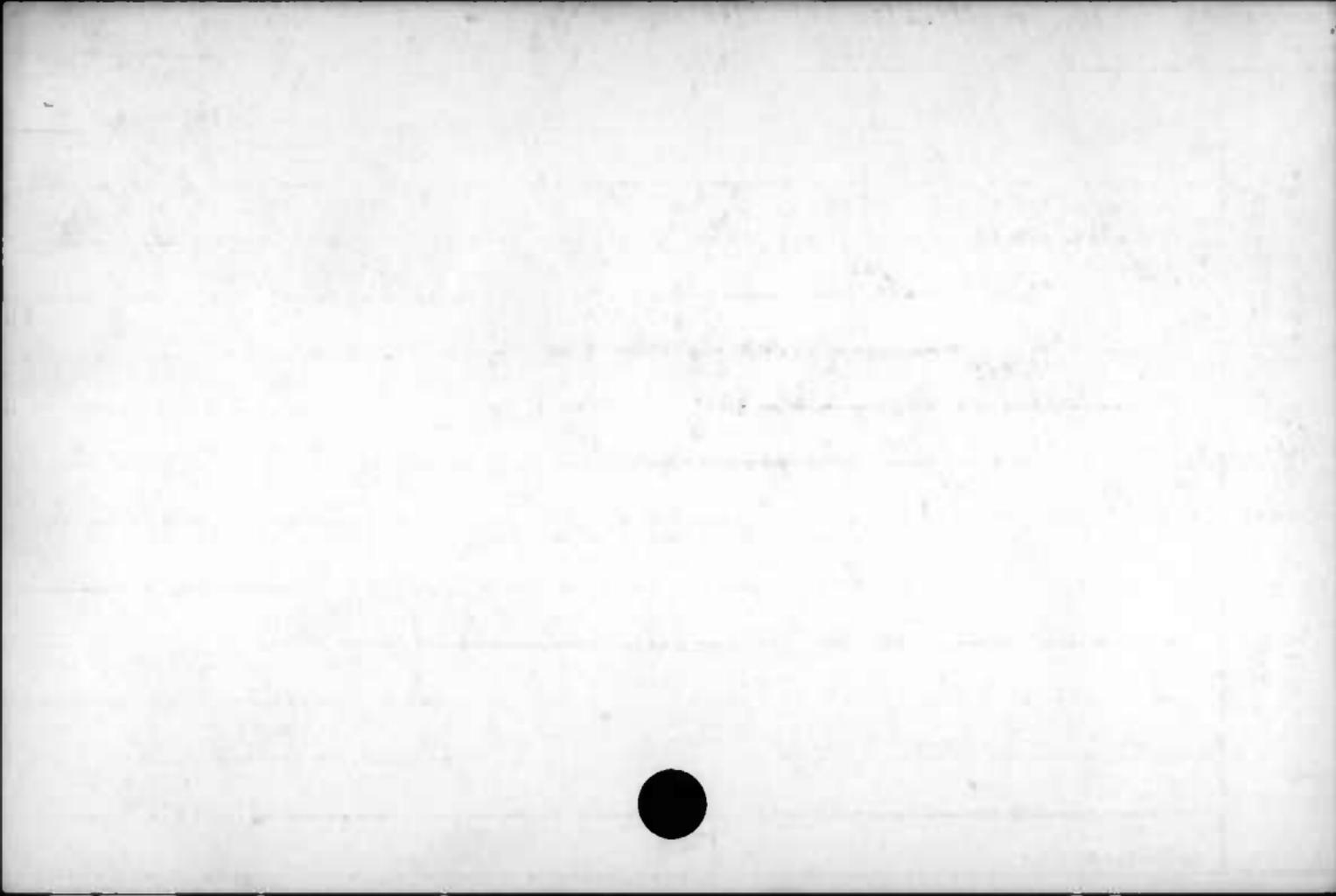
Yes.

Signature of Physician

Address

Dr. W. A. Pugh
Prayville, Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Hannah A Simpers				CERTIFICATE OF DEATH		
Died at	Town	County		MARYLAND		
Date of death 1903	Month 4	Day 19	Age 67	Years	Months	Days
Sex Female	Color or Race White	Birth-place Maryland				
Married, Single or Widowed	Milner	Occupation				
Name of Wife or Husband	Charles K Simpers					
Father's Name	John Lutton					
Mother's Maiden Name	Leonora Alverse					
Name of person giving Information	Belle Simpers					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption or Bronch Pneumonia	How long
Immediate		How long

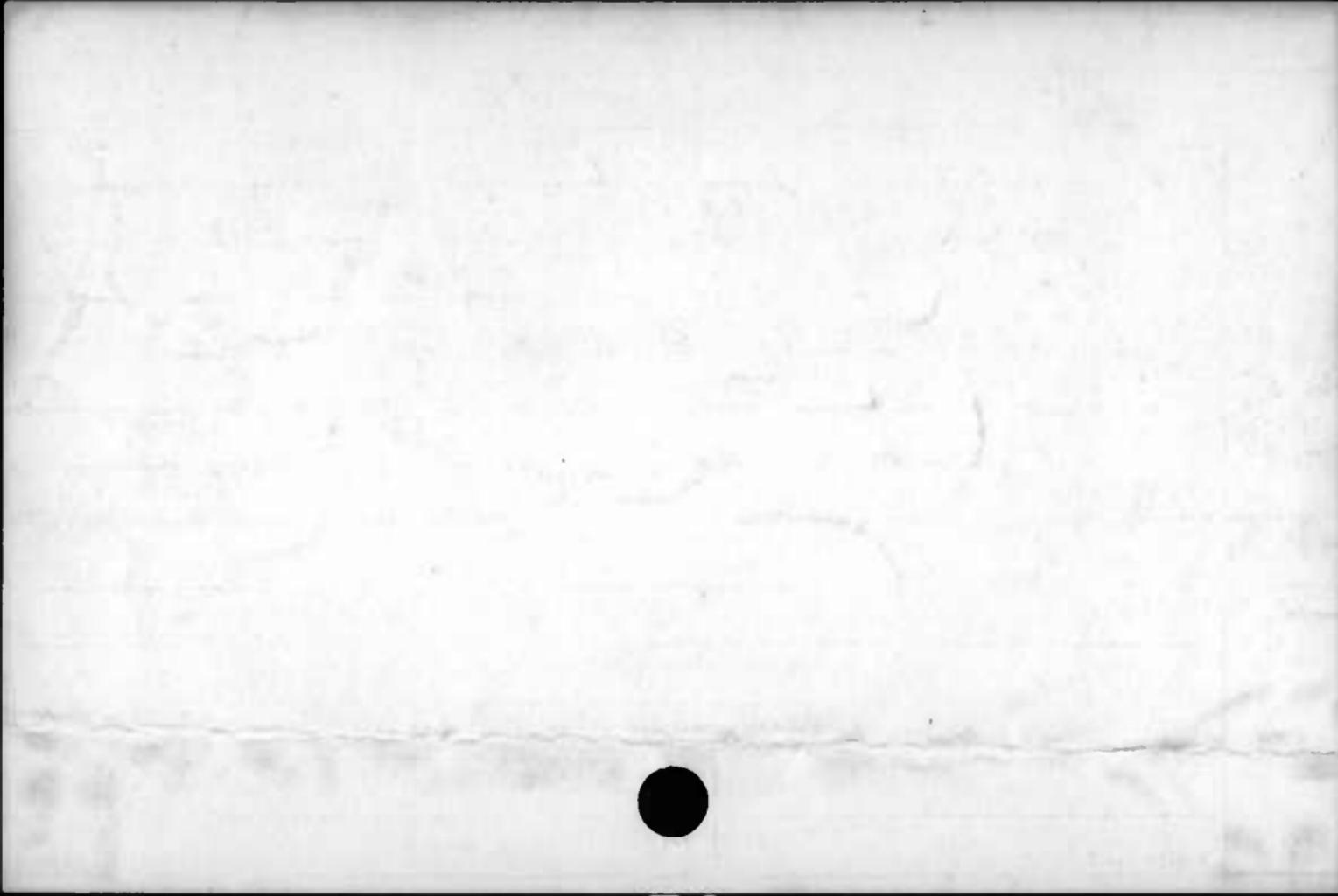
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

G. D. Crowley M.D.
Bladon, Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		CERTIFICATE OF DEATH		
Date of death 190	Month	Day	Age	Years	Months	Days	
2	Apr	15	Sex	57	MARYLAND		
May			Color or Race	Cecil			
Married, Single or Widowed			Occupation		Birth-place		
			Lawn				
Name of Wife or Husband							
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving Information			Charles Murdy		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

79

How long

Immediate

8

How long

Are the name, age, sex, color, date and place correctly given above?

ye

Signature of Physician

Address

B. Devereux

No. 212

Accident or Suicide?

73

Name
in
Full

George Turner.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Elkton	Cecil		
Date of death 1903	Month April	Day 3d.	Years 76
Sex male	Color or Race white	Occupation	Months 4
Married, Single or Widowed married		Retired	Days 8
Name of Wife or Husband Mary A. Turner			
Father's Name William Turner	Father's Birthplace England		
Mother's Maiden Name Mary A. Westerby	Mother's Birthplace England		
Name of person giving information Sarah A. Dunbar	How related to deceased Sister		

CAUSES OF DEATH

Primary

Don't Know

How long

Immediate

Bright's disease

How long

Several months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

now, Cooper Jr. M.D.
Elkton, Md.

Accident or Suicide?

April 4-03



Name
in
Full

Kate Waibel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 25	Years 36	Months	Days
Sex Female	Color or Race White	Occupation	Port Deposit		
Married, Single or Widowed	Married	Housekeeping			
Name of Wife or Husband	Harry Waibel				
Father's Name	Frederick Sitzler				
Mother's Maiden Name	Mary Sitzler				
Name of person giving Information	Harry Waibel				
CAUSES OF DEATH					
Primary	Papilledema				How long
Immediate	Exhaustion				How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	D. G. Luskin		
		Address	Port Deposit, Md.		

PHYSICIAN
OR CORONER

Is the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Is the name, age, sex, color, date
and place correctly given above?



Name
in
Full

Wood

Wood

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Chunnyville</u>			County <u>Carroll</u>	MARYLAND		
Date of death 190 <u>3</u>	Month <u>4</u>	Day <u>21</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Md</u>				
Married, Single or Widowed <u>Single</u>	Occupation _____					
Name of Wife or Husband						
Father's Name <u>David Wood</u>	Father's Birthplace <u>Pa</u>					
Mother's Maiden Name <u>Sadie Moore</u>	Mother's Birthplace <u>Md</u>					
Name of person giving information <u>David Wood</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>unknown</u>	<u>151</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jas S Whitaker</i>	Address <i>Chunnyville Md</i>
Accident or Suicide?		

HL

